

EXHIBIT 25

Akoda Questionnaire

Reference #	11107546
Status	Complete
Login Username	<div></div>
1a. How did you become Dr. Akoda's patient?	<ul style="list-style-type: none"> • Other: • Went into labor and Dr. Akoda was the on call Dr doing deliveries.
1b. Where did you see Dr. Akoda?	Prince George's Hospital Center
1c. During which of the following years did you see Dr. Akoda? (Check all that apply)	2016
1d. About how many times did you see him?	One time
1e. What types of visits did you have with him? (Check all that apply)	Surgery
2a. Did you trust Dr. Akoda?	Yes
2d. Did you ever feel scared of or threatened by Dr. Akoda during your time in his 'care'?	No
3a. How did Dr. Akoda's pelvic examination compare with other doctor's exams before or since you saw him?	Neutral (e.g., No difference)
3c. Was there always a nurse or chaperone in the room during pelvic examinations?	Always
3d. Did she stay throughout the examination?	Always
3e. Was she standing in a place where she could see the pelvic examination?	I don't know or remember
3f. Did Dr. Akoda ever perform a pelvic exam without using gloves?	Never
3g. Did Dr. Akoda ever touch you in a way that felt uncomfortable or wrong, beyond the usual discomfort of this kind of medical care?	No
3h. Did you ever feel sexually aroused or have an orgasmic response to the examination?	No

4a. Did you think that Dr. Akoda asked you to come in for check-ups more often than needed?	No
4b. Did anything ever make you feel uncomfortable in the office during or after the exam?	No
4c. Pelvic exams are never fun, but looking back, do you think his exams were more or less painful than other pelvic exams you've had with other doctors?	No
4d. Did Dr. Akoda ever talk dirty or say anything at any time that you thought was in some way sexual or inappropriate?	No
4e. Did you ever consider changing doctors?	No
5a. How did you first learn that charges were made against Dr. Akoda?	I saw something about it on TV or the internet
5b. How did you feel when you heard about the charges against Dr. Akoda? (Check all that apply)	<ul style="list-style-type: none"> • Shocked • Angry
5c. If you are upset about what Dr. Akoda did, why? (Check all that apply)	I feel that he betrayed my trust.
6a. Did you experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real?	No
6b. Do you still experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real?	No
6c. Have you had any intense physical reactions when reminded of being treated by Dr. Akoda such as your heart beating faster, being short of breath, or being sweaty?	No
6e. Have you had any upsetting thoughts, memories or dreams of being treated by Dr. Akoda?	No

6f. Do you still have upsetting thoughts, memories, or dreams of being treated by Dr. Akoda?	No
6g. Have you tried to avoid thoughts or feelings about what happened to you with Dr. Akoda?	No
6h. Is it hard for you to recall some aspects of what transpired?	No
6i. Have you experienced mood changes or depression?	No
6j. Have you experienced less interest or pleasure with important activities?	No
6k. Have you experienced less interest or pleasure with important activities?	No
6l. Have you felt irritable or angry?	No
6m. Have you had difficulty concentrating?	No
6n. Have you felt jumpy, overly alert, or easily startled?	No
6o. Do you have trouble sleeping or bad dreams or nightmares?	No
6p. Do you feel embarrassed, shame, or humiliated?	No
6q. Do you have trouble making decisions?	No
6r. Do you overuse drugs or alcohol?	No
6s. Have you felt uncomfortable with your body or not cared for yourself as you should?	No
6v. Have you received any psychological, psychiatric, and/or other medical treatment for symptoms arising from your experience with Dr. Akoda?	No
7a. Has your experience with Dr. Akoda affected your trust in doctors?	No
7b. In what ways has your experience with Dr. Akoda affected your use of medical care? (Check all that apply)	It has not affected my use of medical care.

7c. In what ways has your experience with Dr. Akoda affected other non-medical aspects of your life? (Check all that apply)	It has not affected other parts of my life.
7d. Has your experience with Dr. Akoda affected your work life?	No
7f. Did your experience with Dr. Akoda affect your social life?	No
8a. Have you ever been threatened by somebody?	No
8b. Have you ever experienced or witnessed violence in your own home in years past?	No
8c. Have you ever been forced to have sex or been threatened with violence if you didn't?	No
8d. Have you ever been sexually abused in other ways?	No
MM	08
YY	79
9b. Your marital status	married or in long-term relationship
9c. Is English your main language?	Yes
9d. Your ethnicity	African-American
9e. When you were treated by Dr. Akoda, what type of health insurance did you have?	Private insurance
Last Update	2019-09-13 11:05:33
Start Time	2019-09-13 10:52:56
Finish Time	2019-09-13 11:05:33
IP	71.163.126.95
Browser	Chrome
OS	Mobile
Referrer	<div style="background-color: black; width: 100%; height: 1.2em;"></div> <div style="background-color: black; width: 100%; height: 1.2em;"></div>

Akoda Questionnaire

Reference #	11105168
Status	Complete
Login Username	[REDACTED]
1a. How did you become Dr. Akoda's patient?	Went to see other doctor in practice but saw Dr. Akoda instead.
1b. Where did you see Dr. Akoda?	At the medical practice of Dr. A.G. Chaudry
1c. During which of the following years did you see Dr. Akoda? (Check all that apply)	2012
1d. About how many times did you see him?	More than 5 times
1e. What types of visits did you have with him? (Check all that apply)	Prenatal, delivery, and postnatal obstetric visits
2a. Did you trust Dr. Akoda?	Yes
2b. If you answered yes to question 2a but at some point began not to trust him, what happened that changed? (Check all that apply)	<ul style="list-style-type: none"> • Other • Noth really nothing that I can pen point.
2c. If you answered no to question 2a but at some point began not to trust him, what happened that changed? (Check all that apply)	<ul style="list-style-type: none"> • Other • N/A
2d. Did you ever feel scared of or threatened by Dr. Akoda during your time in his 'care'?	No
3a. How did Dr. Akoda's pelvic examination compare with other doctor's exams before or since you saw him?	Neutral (e.g., No difference)
3b. How did his breast examination compare with other doctors' exams before/after you saw him?	Neutral (No difference)
3c. Was there always a nurse or chaperone in the room during pelvic examinations?	Never
3d. Did she stay throughout the examination?	Never
3e. Was she standing in a place where she could see the pelvic examination?	Never

3f. Did Dr. Akoda ever perform a pelvic exam without using gloves?	Never
3g. Did Dr. Akoda ever touch you in a way that felt uncomfortable or wrong, beyond the usual discomfort of this kind of medical care?	No
3h. Did you ever feel sexually aroused or have an orgasmic response to the examination?	No
4a. Did you think that Dr. Akoda asked you to come in for check-ups more often than needed?	I don't know or remember
4b. Did anything ever make you feel uncomfortable in the office during or after the exam?	No
4c. Pelvic exams are never fun, but looking back, do you think his exams were more or less painful than other pelvic exams you've had with other doctors?	No
4d. Did Dr. Akoda ever talk dirty or say anything at any time that you thought was in some way sexual or inappropriate?	No
4e. Did you ever consider changing doctors?	Yes
4f. Did you tell anyone about things he said or did that were inappropriate?	No
No. (below, please indicate why you didn't tell anyone. Check all that apply)	Other
5a. How did you first learn that charges were made against Dr. Akoda?	I heard about it on the radio
5b. How did you feel when you heard about the charges against Dr. Akoda? (Check all that apply)	<ul style="list-style-type: none"> • Shocked • Angry
5c. If you are upset about what Dr. Akoda did, why? (Check all that apply)	I feel that he betrayed my trust.
6a. Did you experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real?	No

6b. Do you still experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real?	No
6c. Have you had any intense physical reactions when reminded of being treated by Dr. Akoda such as your heart beating faster, being short of breath, or being sweaty?	No
6d. Do you still have intense physical reactions when reminded of being treated by Dr. Akoda?	No
6e. Have you had any upsetting thoughts, memories or dreams of being treated by Dr. Akoda?	No
6f. Do you still have upsetting thoughts, memories, or dreams of being treated by Dr. Akoda?	No
6g. Have you tried to avoid thoughts or feelings about what happened to you with Dr. Akoda?	No
6h. Is it hard for you to recall some aspects of what transpired?	Yes
6i. Have you experienced mood changes or depression?	No
6j. Have you experienced less interest or pleasure with important activities?	No
6k. Have you experienced less interest or pleasure with important activities?	No
6l. Have you felt irritable or angry?	No
6m. Have you had difficulty concentrating?	No
6n. Have you felt jumpy, overly alert, or easily startled?	No
6o. Do you have trouble sleeping or bad dreams or nightmares?	No
6p. Do you feel embarrassed, shame, or humiliated?	No
6q. Do you have trouble making decisions?	No

6r. Do you overuse drugs or alcohol?	No
6s. Have you felt uncomfortable with your body or not cared for yourself as you should?	No
6u. How severe were your physical symptoms?	mild
6v. Have you received any psychological, psychiatric, and/or other medical treatment for symptoms arising from your experience with Dr. Akoda?	No
6w. Please describe any treatment you received for symptoms arising from your experience with Dr. Akoda?	Non-psychiatric medication
7a. Has your experience with Dr. Akoda affected your trust in doctors?	No
7b. In what ways has your experience with Dr. Akoda affected your use of medical care? (Check all that apply)	<ul style="list-style-type: none"> • Other: • Never went back to that office
7c. In what ways has your experience with Dr. Akoda affected other non-medical aspects of your life? (Check all that apply)	It has not affected other parts of my life.
7d. Has your experience with Dr. Akoda affected your work life?	No
7f. Did your experience with Dr. Akoda affect your social life?	No
8a. Have you ever been threatened by somebody?	No
8b. Have you ever experienced or witnessed violence in your own home in years past?	No
8c. Have you ever been forced to have sex or been threatened with violence if you didn't?	No
8d. Have you ever been sexually abused in other ways?	No
MM	08
YY	78
9b. Your marital status	married or in long-term relationship

9c. Is English your main language?	Yes
9d. Your ethnicity	African-American
9e. When you were treated by Dr. Akoda, what type of health insurance did you have?	Medicaid
Last Update	2019-09-12 13:20:38
Start Time	2019-09-12 13:04:40
Finish Time	2019-09-12 13:20:38
IP	107.77.203.48
Browser	Chrome
OS	Mobile
Referrer	<div></div> <div></div>

Akoda Questionnaire

Reference #	11101532
Status	Complete
Login Username	[REDACTED]
1a. How did you become Dr. Akoda's patient?	Found name on list of doctors
1b. Where did you see Dr. Akoda?	At the medical practice of Dr. A.G. Chaudry
1c. During which of the following years did you see Dr. Akoda? (Check all that apply)	I don't remember
1d. About how many times did you see him?	2-5 times
1e. What types of visits did you have with him? (Check all that apply)	<ul style="list-style-type: none"> • Routine annual gynecological checkups • Visits for other medical care
2a. Did you trust Dr. Akoda?	Yes
2b. If you answered yes to question 2a but at some point began not to trust him, what happened that changed? (Check all that apply)	<ul style="list-style-type: none"> • He made sexual comments • Other • But I figured because he posed as a GYN doctor, it was normal.
2d. Did you ever feel scared of or threatened by Dr. Akoda during your time in his 'care'?	No
3a. How did Dr. Akoda's pelvic examination compare with other doctor's exams before or since you saw him?	Neutral (e.g., No difference)
3b. How did his breast examination compare with other doctors' exams before/after you saw him?	Neutral (No difference)
3c. Was there always a nurse or chaperone in the room during pelvic examinations?	Always
3d. Did she stay throughout the examination?	Always
3e. Was she standing in a place where she could see the pelvic examination?	Always
3f. Did Dr. Akoda ever perform a pelvic exam without using gloves?	Never

3g. Did Dr. Akoda ever touch you in a way that felt uncomfortable or wrong, beyond the usual discomfort of this kind of medical care?	No
3h. Did you ever feel sexually aroused or have an orgasmic response to the examination?	No
4a. Did you think that Dr. Akoda asked you to come in for check-ups more often than needed?	No
4b. Did anything ever make you feel uncomfortable in the office during or after the exam?	No
4c. Pelvic exams are never fun, but looking back, do you think his exams were more or less painful than other pelvic exams you've had with other doctors?	Yes, less painful
4d. Did Dr. Akoda ever talk dirty or say anything at any time that you thought was in some way sexual or inappropriate?	Yes
4e. Did you ever consider changing doctors?	Yes
4f. Did you tell anyone about things he said or did that were inappropriate?	No
No. (below, please indicate why you didn't tell anyone. Check all that apply)	I didn't know what to do
5a. How did you first learn that charges were made against Dr. Akoda?	I heard about it on the radio
5b. How did you feel when you heard about the charges against Dr. Akoda? (Check all that apply)	<ul style="list-style-type: none"> • Shocked • Betrayed
5c. If you are upset about what Dr. Akoda did, why? (Check all that apply)	I feel that he betrayed my trust.
6a. Did you experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real?	Yes, both before and after I learned of the charges against him.

6b. Do you still experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real?	Yes
6c. Have you had any intense physical reactions when reminded of being treated by Dr. Akoda such as your heart beating faster, being short of breath, or being sweaty?	No
6e. Have you had any upsetting thoughts, memories or dreams of being treated by Dr. Akoda?	Yes, only after I learned of the charges against him
6f. Do you still have upsetting thoughts, memories, or dreams of being treated by Dr. Akoda?	Yes
6g. Have you tried to avoid thoughts or feelings about what happened to you with Dr. Akoda?	Yes, both in the past month and prior to the past month
6h. Is it hard for you to recall some aspects of what transpired?	No
6i. Have you experienced mood changes or depression?	No
6j. Have you experienced less interest or pleasure with important activities?	No
6k. Have you experienced less interest or pleasure with important activities?	No
6l. Have you felt irritable or angry?	No
6m. Have you had difficulty concentrating?	No
6n. Have you felt jumpy, overly alert, or easily startled?	No
6o. Do you have trouble sleeping or bad dreams or nightmares?	No
6p. Do you feel embarrassed, shame, or humiliated?	Yes, only in the past month
6q. Do you have trouble making decisions?	No
6r. Do you overuse drugs or alcohol?	No

6s. Have you felt uncomfortable with your body or not cared for yourself as you should?	No
6t. Have you experienced any of the physical symptoms listed below as a result of Dr. Akoda's conduct (Check all that apply)?	I have not experienced any of these symptoms
6v. Have you received any psychological, psychiatric, and/or other medical treatment for symptoms arising from your experience with Dr. Akoda?	No
7a. Has your experience with Dr. Akoda affected your trust in doctors?	Yes, it has led me to not trust doctors
7b. In what ways has your experience with Dr. Akoda affected your use of medical care? (Check all that apply)	It has changed how often I visit an ob/gyn
7c. In what ways has your experience with Dr. Akoda affected other non-medical aspects of your life? (Check all that apply)	It has not affected other parts of my life.
7d. Has your experience with Dr. Akoda affected your work life?	No
7f. Did your experience with Dr. Akoda affect your social life?	No
8a. Have you ever been threatened by somebody?	No
8b. Have you ever experienced or witnessed violence in your own home in years past?	No
8c. Have you ever been forced to have sex or been threatened with violence if you didn't?	No
8d. Have you ever been sexually abused in other ways?	No
MM	04
YY	19
9b. Your marital status	single
9c. Is English your main language?	Yes
9d. Your ethnicity	African-American

9e. When you were treated by Dr. Akoda, what type of health insurance did you have?

Private insurance

Statement:

I still can not believe until this day that he was even hired as a OBGYN doctor, for such confidential matters such as a women's private area...how could a person be hired to handle these kinds of matters, and not be affected later on down the line. I am emotionally distraught and feel very violated by the trust of Prince Georges Community Hospital Affiliates.

Last Update

2019-09-11 11:59:05

Start Time

2019-09-11 11:30:55

Finish Time

2019-09-11 11:59:05

IP

50.234.115.104

Browser

Chrome

OS

Windows

Referrer

[REDACTED]

Akoda Questionnaire

Reference #	11114329
Status	Complete
Login Username	[REDACTED]
1a. How did you become Dr. Akoda's patient?	Went to see other doctor in practice but saw Dr. Akoda instead.
1b. Where did you see Dr. Akoda?	At the medical practice of Dr. A.G. Chaudry
1c. During which of the following years did you see Dr. Akoda? (Check all that apply)	2013
1d. About how many times did you see him?	2-5 times
1e. What types of visits did you have with him? (Check all that apply)	Routine annual gynecological checkups
2a. Did you trust Dr. Akoda?	Yes
2b. If you answered yes to question 2a but at some point began not to trust him, what happened that changed? (Check all that apply)	<ul style="list-style-type: none"> • He was rude • He made sexual comments • He hurt me • Pelvic exams were too long
2c. If you answered no to question 2a but at some point began not to trust him, what happened that changed? (Check all that apply)	<ul style="list-style-type: none"> • He was rude • He made sexual comments • He hurt me • Pelvic exams were too long
2d. Did you ever feel scared of or threatened by Dr. Akoda during your time in his 'care'?	Yes
3a. How did Dr. Akoda's pelvic examination compare with other doctor's exams before or since you saw him?	Negative (e.g., he was more rough, longer exams, sexual talk and/or touch)
3c. Was there always a nurse or chaperone in the room during pelvic examinations?	Never
3d. Did she stay throughout the examination?	Never
3e. Was she standing in a place where she could see the pelvic examination?	Never

3f. Did Dr. Akoda ever perform a pelvic exam without using gloves?	Always
3g. Did Dr. Akoda ever touch you in a way that felt uncomfortable or wrong, beyond the usual discomfort of this kind of medical care?	Yes
3h. Did you ever feel sexually aroused or have an orgasmic response to the examination?	No
4a. Did you think that Dr. Akoda asked you to come in for check-ups more often than needed?	I don't know or remember
4b. Did anything ever make you feel uncomfortable in the office during or after the exam?	Yes
4c. Pelvic exams are never fun, but looking back, do you think his exams were more or less painful than other pelvic exams you've had with other doctors?	Yes, more painful
4d. Did Dr. Akoda ever talk dirty or say anything at any time that you thought was in some way sexual or inappropriate?	Yes
4e. Did you ever consider changing doctors?	Yes
4f. Did you tell anyone about things he said or did that were inappropriate?	Yes
Yes (please indicate who you told. Check all that apply)	<ul style="list-style-type: none"> • I told a nurse or other healthcare provider • I told an administrator • I told another doctor • I told a family member • I told a friend • I told someone else
5a. How did you first learn that charges were made against Dr. Akoda?	Other:
5b. How did you feel when you heard about the charges against Dr. Akoda? (Check all that apply)	<ul style="list-style-type: none"> • Shocked • Angry • Betrayed • Sad • Other:

5c. If you are upset about what Dr. Akoda did, why? (Check all that apply)	<ul style="list-style-type: none"> • I feel that he betrayed my trust. • I think he may have hurt me physically • I think he performed unnecessary procedures on me
6a. Did you experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real?	Yes, both before and after I learned of the charges against him.
6b. Do you still experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real?	Yes
6c. Have you had any intense physical reactions when reminded of being treated by Dr. Akoda such as your heart beating faster, being short of breath, or being sweaty?	Yes, both before and after I learned of the charges against him.
6d. Do you still have intense physical reactions when reminded of being treated by Dr. Akoda?	Yes
6e. Have you had any upsetting thoughts, memories or dreams of being treated by Dr. Akoda?	Yes, both before and after I learned of the charges against him.
6f. Do you still have upsetting thoughts, memories, or dreams of being treated by Dr. Akoda?	Yes
6g. Have you tried to avoid thoughts or feelings about what happened to you with Dr. Akoda?	Yes, both in the past month and prior to the past month
6h. Is it hard for you to recall some aspects of what transpired?	No
6i. Have you experienced mood changes or depression?	Yes, both in the past month and prior to the past month
6j. Have you experienced less interest or pleasure with important activities?	Yes, both in the past month and prior to the past month
6k. Have you experienced less interest or pleasure with important activities?	Yes, both in the past month and prior to the past month
6l. Have you felt irritable or angry?	Yes, both in the past month and prior to the past month

6m. Have you had difficulty concentrating?	Yes, both in the past month and prior to the past month
6n. Have you felt jumpy, overly alert, or easily startled?	Yes, both in the past month and prior to the past month
6o. Do you have trouble sleeping or bad dreams or nightmares?	Yes, both in the past month and prior to the past month
6p. Do you feel embarrassed, shame, or humiliated?	Yes, both in the past month and prior to the past month
6q. Do you have trouble making decisions?	Yes, both in the past month and prior to the past month
6r. Do you overuse drugs or alcohol?	No
6s. Have you felt uncomfortable with your body or not cared for yourself as you should?	No
6t. Have you experienced any of the physical symptoms listed below as a result of Dr. Akoda's conduct (Check all that apply)?	<ul style="list-style-type: none"> • Headache/dizziness • High blood pressure • Abdominal pain, nausea, reflux, ulcers, constipation • Fatigue or insomnia • Weight gain or weight loss • Numbness, loss of enjoyment in life, or loss of libido • Pain, trembling and/or nervous tics
6u. How severe were your physical symptoms?	severe
6v. Have you received any psychological, psychiatric, and/or other medical treatment for symptoms arising from your experience with Dr. Akoda?	Yes
6w. Please describe any treatment you received for symptoms arising from your experience with Dr. Akoda?	<ul style="list-style-type: none"> • Therapy or counseling • Psychiatric medication
6x. Please describe any psychiatric or medical diagnoses you have received that you believe are related to your experience with Dr. Akoda.	<ul style="list-style-type: none"> • Depression (Major Depressive Disorder) • Anxiety (Anxiety Disorder) • PTSD (Post Traumatic Stress Disorder)
7a. Has your experience with Dr. Akoda affected your trust in doctors?	Yes, it has led me to not trust doctors

7b. In what ways has your experience with Dr. Akoda affected your use of medical care? (Check all that apply)	<ul style="list-style-type: none"> • It has not affected my use of medical care. • It has changed how often I visit any doctor • It has changed how often I visit an ob/gyn • It has affected the types of medical specialists I will go to see • It has affected the medical choices or decisions I make
7c. In what ways has your experience with Dr. Akoda affected other non-medical aspects of your life? (Check all that apply)	<ul style="list-style-type: none"> • It has not affected other parts of my life. • I am concerned about my daughter going to an ob/gyn
7d. Has your experience with Dr. Akoda affected your work life?	Yes
7e. In what way has your experience with Dr. Akoda affected your work life (Check all that apply)?	<ul style="list-style-type: none"> • I was not able to go to work for awhile • Other:
7f. Did your experience with Dr. Akoda affect your social life?	Yes
7g. In what way did your experience with Dr. Akoda affect your social life? (Check all that apply)	<ul style="list-style-type: none"> • I avoided certain types of social events. • I avoided certain neighborhoods and locations. • I was afraid of or avoided leaving home.
8a. Have you ever been threatened by somebody?	No
8b. Have you ever experienced or witnessed violence in your own home in years past?	No
8c. Have you ever been forced to have sex or been threatened with violence if you didn't?	No
8d. Have you ever been sexually abused in other ways?	No
MM	10
YY	44
9b. Your marital status	single
9e. When you were treated by Dr. Akoda, what type of health insurance did you have?	Medicaid

Statement:

He is a demon doctor he let me go in shock while on the eximanation table while i went unconcious he had his han in me and then went up on me lying still unconcious he ripped [REDACTED] saying how that you have three children and still so neat. I told him that I was seperated from my husband for seveteen years and hoping for him to come back. He dr okada is a real. Deamon. Sign. Hazel. Leslie

Last Update	2019-09-17 10:09:58
Start Time	2019-09-17 08:45:23
Finish Time	2019-09-17 10:09:58
IP	172.58.184.171
Browser	Chrome
OS	Mobile
Referrer	[REDACTED]

Akoda Questionnaire

Reference #	11126448
Status	Complete
Login Username	[REDACTED]
1a. How did you become Dr. Akoda's patient?	Went to see other doctor in practice but saw Dr. Akoda instead.
1b. Where did you see Dr. Akoda?	At the medical practice of Dr. A.G. Chaudry
1c. During which of the following years did you see Dr. Akoda? (Check all that apply)	2014
1d. About how many times did you see him?	2-5 times
1e. What types of visits did you have with him? (Check all that apply)	Visits for other medical care
2a. Did you trust Dr. Akoda?	No
2b. If you answered yes to question 2a but at some point began not to trust him, what happened that changed? (Check all that apply)	<ul style="list-style-type: none"> • It was just something about him • Other • He told me I'd better hurry to have a baby. It was the way he said it. It hurt my feelings. I cried in the car after I left the appointment.
2d. Did you ever feel scared of or threatened by Dr. Akoda during your time in his 'care'?	No
4e. Did you ever consider changing doctors?	Yes
5a. How did you first learn that charges were made against Dr. Akoda?	I saw something about it on TV or the internet
5b. How did you feel when you heard about the charges against Dr. Akoda? (Check all that apply)	Betrayed
6a. Did you experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real?	Yes, before I learned of the charges against him.

6b. Do you still experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real?	Yes
6c. Have you had any intense physical reactions when reminded of being treated by Dr. Akoda such as your heart beating faster, being short of breath, or being sweaty?	No
6d. Do you still have intense physical reactions when reminded of being treated by Dr. Akoda?	No
6e. Have you had any upsetting thoughts, memories or dreams of being treated by Dr. Akoda?	Yes, both before and after I learned of the charges against him.
6f. Do you still have upsetting thoughts, memories, or dreams of being treated by Dr. Akoda?	Yes
6g. Have you tried to avoid thoughts or feelings about what happened to you with Dr. Akoda?	Yes, both in the past month and prior to the past month
6h. Is it hard for you to recall some aspects of what transpired?	No
6i. Have you experienced mood changes or depression?	Yes, both in the past month and prior to the past month
6j. Have you experienced less interest or pleasure with important activities?	Yes, both in the past month and prior to the past month
6k. Have you experienced less interest or pleasure with important activities?	Yes, both in the past month and prior to the past month
6l. Have you felt irritable or angry?	Yes, both in the past month and prior to the past month
6m. Have you had difficulty concentrating?	No
6n. Have you felt jumpy, overly alert, or easily startled?	No
6o. Do you have trouble sleeping or bad dreams or nightmares?	No
6p. Do you feel embarrassed, shame, or humiliated?	No

6q. Do you have trouble making decisions?	Yes, only in the past month
6r. Do you overuse drugs or alcohol?	No
6s. Have you felt uncomfortable with your body or not cared for yourself as you should?	Yes, both in the past month and prior to the past month
6t. Have you experienced any of the physical symptoms listed below as a result of Dr. Akoda's conduct (Check all that apply)?	<ul style="list-style-type: none"> • Headache/dizziness • Fatigue or insomnia • Other: • I became severely anemic, low energy, hair loss, shortness of breathe, insomnia, pelvic pain, depression due to symptoms
6u. How severe were your physical symptoms?	severe
6v. Have you received any psychological, psychiatric, and/or other medical treatment for symptoms arising from your experience with Dr. Akoda?	No
7a. Has your experience with Dr. Akoda affected your trust in doctors?	No
7b. In what ways has your experience with Dr. Akoda affected your use of medical care? (Check all that apply)	<ul style="list-style-type: none"> • Other: • I get a second opinion
7c. In what ways has your experience with Dr. Akoda affected other non-medical aspects of your life? (Check all that apply)	<ul style="list-style-type: none"> • Other: • At that time, I was severely anemic, losing alot of blood during my cycles and Dr. Akoda refused to perform surgery to remove the fibroids. Therefore, I was always tired, in pain during menstrual cycle, had hair loss and disinterested in life
7d. Has your experience with Dr. Akoda affected your work life?	Yes
7e. In what way has your experience with Dr. Akoda affected your work life (Check all that apply)?	<ul style="list-style-type: none"> • I was not able to go to work for awhile • I quit my job • Other: • Due to the heavy bleeding, dizziness, low energy, fatigue and insomnia and the fact that I had to wear a white labcoat for work I had to quit
7f. Did your experience with Dr. Akoda affect your social life?	Yes

7g. In what way did your experience with Dr. Akoda affected your social life? (Check all that apply)	<ul style="list-style-type: none"> • I avoided certain types of social events. • I was afraid of or avoided leaving home. • I didnt want to bleed on the furniture or through my clothes
8a. Have you ever been threatened by somebody?	No
8b. Have you ever experienced or witnessed violence in your own home in years past?	No
8c. Have you ever been forced to have sex or been threatened with violence if you didn't?	No
8d. Have you ever been sexually abused in other ways?	No
MM	02
YY	72
9b. Your marital status	single
9c. Is English your main language?	Yes
9d. Your ethnicity	African-American
9e. When you were treated by Dr. Akoda, what type of health insurance did you have?	Medicaid

Akoda Questionnaire

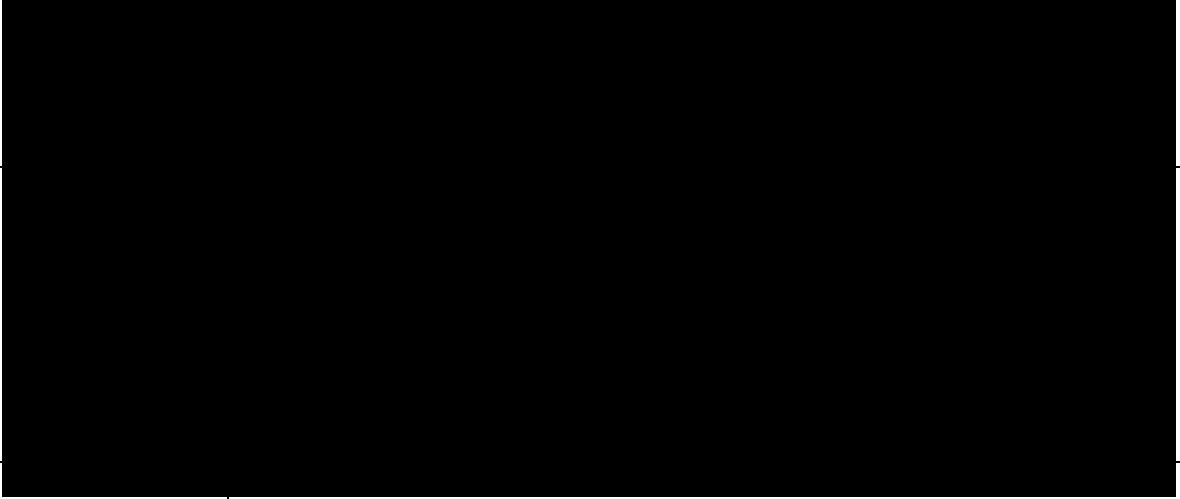
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Status	Complete
Login Username	[REDACTED]
1a. How did you become Dr. Akoda's patient?	Went to see other doctor in practice but saw Dr. Akoda instead.
1b. Where did you see Dr. Akoda?	At the medical practice of Dr. A.G. Chaudry
1c. During which of the following years did you see Dr. Akoda? (Check all that apply)	<ul style="list-style-type: none"> • 2013 • 2014
1d. About how many times did you see him?	More than 5 times
1e. What types of visits did you have with him? (Check all that apply)	Prenatal, delivery, and postnatal obstetric visits
2a. Did you trust Dr. Akoda?	Yes
2b. If you answered yes to question 2a but at some point began not to trust him, what happened that changed? (Check all that apply)	<ul style="list-style-type: none"> • It was just something about him • He made sexual comments • Other • Not always was there a female nurse called in during examinations
2d. Did you ever feel scared of or threatened by Dr. Akoda during your time in his 'care'?	No
3a. How did Dr. Akoda's pelvic examination compare with other doctor's exams before or since you saw him?	Neutral (e.g., No difference)
3b. How did his breast examination compare with other doctors' exams before/after you saw him?	Neutral (No difference)
3c. Was there always a nurse or chaperone in the room during pelvic examinations?	Sometimes
3d. Did she stay throughout the examination?	Always
3e. Was she standing in a place where she could see the pelvic examination?	Always

3f. Did Dr. Akoda ever perform a pelvic exam without using gloves?	Never
3g. Did Dr. Akoda ever touch you in a way that felt uncomfortable or wrong, beyond the usual discomfort of this kind of medical care?	Yes
3h. Did you ever feel sexually aroused or have an orgasmic response to the examination?	No
4a. Did you think that Dr. Akoda asked you to come in for check-ups more often than needed?	No
4b. Did anything ever make you feel uncomfortable in the office during or after the exam?	Yes
4c. Pelvic exams are never fun, but looking back, do you think his exams were more or less painful than other pelvic exams you've had with other doctors?	No
4d. Did Dr. Akoda ever talk dirty or say anything at any time that you thought was in some way sexual or inappropriate?	Yes
4e. Did you ever consider changing doctors?	Yes
4f. Did you tell anyone about things he said or did that were inappropriate?	Yes
Yes (please indicate who you told. Check all that apply)	<ul style="list-style-type: none"> • I told a family member • I told a friend
5a. How did you first learn that charges were made against Dr. Akoda?	I saw something about it on TV or the internet
5b. How did you feel when you heard about the charges against Dr. Akoda? (Check all that apply)	<ul style="list-style-type: none"> • Shocked • Angry • Betrayed • Sad • Other: • Distraught, traumatized
5c. If you are upset about what Dr. Akoda did, why? (Check all that apply)	I feel that he betrayed my trust.

6a. Did you experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real?	Yes, only after I learned of the charges against him
6b. Do you still experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real?	Yes
6c. Have you had any intense physical reactions when reminded of being treated by Dr. Akoda such as your heart beating faster, being short of breath, or being sweaty?	No
6d. Do you still have intense physical reactions when reminded of being treated by Dr. Akoda?	Yes
6e. Have you had any upsetting thoughts, memories or dreams of being treated by Dr. Akoda?	Yes, only after I learned of the charges against him
6f. Do you still have upsetting thoughts, memories, or dreams of being treated by Dr. Akoda?	Yes
6g. Have you tried to avoid thoughts or feelings about what happened to you with Dr. Akoda?	No
6h. Is it hard for you to recall some aspects of what transpired?	No
6i. Have you experienced mood changes or depression?	No
6j. Have you experienced less interest or pleasure with important activities?	No
6k. Have you experienced less interest or pleasure with important activities?	No
6l. Have you felt irritable or angry?	No
6m. Have you had difficulty concentrating?	No
6n. Have you felt jumpy, overly alert, or easily startled?	No

6o. Do you have trouble sleeping or bad dreams or nightmares?	Yes, only in the past month
6p. Do you feel embarrassed, shame, or humiliated?	Yes, both in the past month and prior to the past month
6q. Do you have trouble making decisions?	No
6r. Do you overuse drugs or alcohol?	No
6s. Have you felt uncomfortable with your body or not cared for yourself as you should?	No
6t. Have you experienced any of the physical symptoms listed below as a result of Dr. Akoda's conduct (Check all that apply)?	Fatigue or insomnia
6u. How severe were your physical symptoms?	mild
6v. Have you received any psychological, psychiatric, and/or other medical treatment for symptoms arising from your experience with Dr. Akoda?	No
7a. Has your experience with Dr. Akoda affected your trust in doctors?	Yes, it has led me to not trust doctors
7b. In what ways has your experience with Dr. Akoda affected your use of medical care? (Check all that apply)	<ul style="list-style-type: none"> • It has affected the medical choices or decisions I make • Other: • More aware and alert about doctors, practices
7d. Has your experience with Dr. Akoda affected your work life?	No
7f. Did your experience with Dr. Akoda affect your social life?	No
8a. Have you ever been threatened by somebody?	No
8b. Have you ever experienced or witnessed violence in your own home in years past?	No
8c. Have you ever been forced to have sex or been threatened with violence if you didn't?	No
8d. Have you ever been sexually abused in other ways?	No

MM	03
YY	88
9b. Your marital status	single
9c. Is English your main language?	Yes
9d. Your ethnicity	African-American
9e. When you were treated by Dr. Akoda, what type of health insurance did you have?	Medicaid
Statement:	<p>An issue I had with Dr. Akoda, was when I came in with a health concern, I told/showed him an reaction I was having. Without treating me first he assumed it was a [REDACTED] so he then prescribed me medication on that visit. I immediately felt confused and angry with what he told me. I just listened because he was the doctor. When I returned for my prenatal visit he then stated that what he though I had, I in fact didn't have from testing results. Even though he prescribed me medication to take before knowing for sure.</p>
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OS	Mobile
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11118165	<p>The night of the delivery, the nurses refused to help. Although I was contracting, she was trying to get me discharged. She disconnected the pull string in my room because she said she wasnt going to keep coming. I delivered my son on the toilet by myself at the hospital because no one would help. My boyfriend started yelling that I was having the baby. After I pulled/caught my son coming out of me, Dr Akoda leisurely walked around the corner and said looks like you had a baby, you made my job easy tonight, good job.....I delivered my own child, I did his job for him. Ad I proceeded to curse him out, I asked to see the nurse who was trying to discharge me. I delivered my son 6 hours after arriving to the hospital.</p>
